BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

	1.	FOR - STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 👸 🙎	0 5	ĺ	8 0
		CEASED NAME FIRST	WIDDLE	I	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2	HOUR
1		Edward	A. Abell	6.0		February	16 1	982	М
	3. SE		4 RACE	5 DATE C		6. AGE (IN YEARS LAST BIRTH	HDAY) IF UN		FUNDER 24 HRS
		Male	White	Aug		59	YRS	DATS	10URS MIN.
35	Jo B	IRTHPLACE (STATE OF FOREIGN COUNTRY) Md.	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	St. Mary's			MD.
O Coffied	Ca	alifornia	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET At his resid	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Farmer					
Per must be	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN St.M.				13e STREET ADDRESS Star Route Box 370			
ol exomir	Jo			IBITY NO	FIRST	a Jane Joy		LAST	
e medic			war or dates) 216–16				~	as abo	ove
injury, or ather traumotic ever	NOI	Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C		ENCE OF	NOT RELATED TO THE TERM	NAL DISEASE OR COND	IT ION GIVEN IN	NPART Ira	
Auo smou	CERTIFICATION	190 DATE OF OPERATION	19% CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WEIN CERTIFYING	CAUSES OF	S USED F DEATH?
Item 18 st		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)		AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART I	OR PART 2)	
is morked ar	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC }	211 LOCATION STREET	CITY OR TOW	N (OUNTY	STATE
. If Rem 21 is mo		220. I certify that (I) (this hospital) attended the deceased from							uses stated
MPORTANT: If Hem 21		MAMES CAL	RROLL BOYD, M		PHYSICIAN 22e ADDRESS	RECTOR PHYSICIA	AN L		
_	(BURIAL, CREMATION, REMOVAL SPECIFY) Burial			EMETERY OR CREMATORY S Memorial	23d. LOCATION CITY OR TOWN Leonard	town S	t. M.	Md.
/81		uneral director V. Clarke Mat	tingley Leon	ardto	own, Md. FE	B 2 2 1982	Sh. REGISTRAR'S	SIGNATUR	Keithen

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STATE OF MARYLAND

February 25, 1982 10:204 deligned a guel . St. Feigle keepilel The state of the s Holland Larcon, P. D. The state of the s

. /	1.	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2 0 5 1 8 9
iV.		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
e A	(TYP	Paul	R	Dettra	February 23 1982
e 4 mo	3. SE	Male	White	S. DATE OF BIRTH May 21 1897	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HR. MONTHS DATS HOURS MIN.
Pog H	7a. 8	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8.	9. BALTIMORE CITY OR COUNTY OF DEATH
leath.		Virginia	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	St. Mary's
the contract of the contract o		eonardtown	11. NAME OF HOSPITAL, NU.	RSING HOME OR OTHER INSTITUTION TREET ADDRESS! Ursing Home	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) CIVIL Service
24 hours	JUSU	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE	DEFORE ADMISSION) TOWN 113d INSIDE CITY LIMITS?	13e STREET ADDRESS
thin sho	14 FA	ATHER'S NAME	ilary queona	15 MOTHER'S MAIDEN NA	MF
omplet ond 2		UNKNOW	MIDDLE LAST	FIRST	UNKNOWN
n and co		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (1F YES, GIV	(E WAR OR DATES)	SECURITY NO. 17. INFORMANT 7 9328A Mark D.	Baden Upper Marlboro, Md.
quires that the death signed by the attend. Then please remave at to burtal, cremation, injury, ar ather trauma	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSI OUE TO, OR AS A CONSI (c) CONDITIONS CONTRIBUTING	revalue do ca	AINAL DISEASE OR CONDITION GIVEN IN PART 110
he low re on. hos been to permit it permit it permit it ows ony is	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	TICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO
ICIAN: The g physicion profit of the profit		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER		DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
IG PHYS offendin for this c s the bur ond Me	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	211 LOCATION	CITY ORTOWN COUNTY STATE
ATTENDIN ospital or ECTOR: Af ed for use o et. of Health		220.1 certify that (I) (this hospings on the deceased allow on the deceased allow on the deceased of the terms of the term	s heb 20	9_\$2_, and that in my lour) opinion	death occurred on the date and hour and from the causes stated
HOSPITAL OR AT med by the hosp FUNERAL DIRECT and be detoched if the Store Dept. ORTANT: if them 3		22d. PHYSICIAN'S NAME (TYPEO	Tentre	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN 2/24/82
O HOSPITAL etained by th TO FUNERAL should be deta with the State MPORTANT:		L. Berube,	M.D.		sville, Md. 20659
BP		BURIAL, CREMATION, REMOVAL Burial	23b. DATE 2-27-1982	Charles Memorial	Leonardtown St.M. Md.
DHMH - 16 50M 1/B1 (VRA 15, 4)		INERAL DIRECTOR Clarke Matt	ingley Le	eonardtown, Md.	AR 1 1982 Courses Jan Parther

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STATE OF MARYLAND FOR STATE REGISTRAR

W. Clarke Mattingley Leonardtown, Maryland MAR

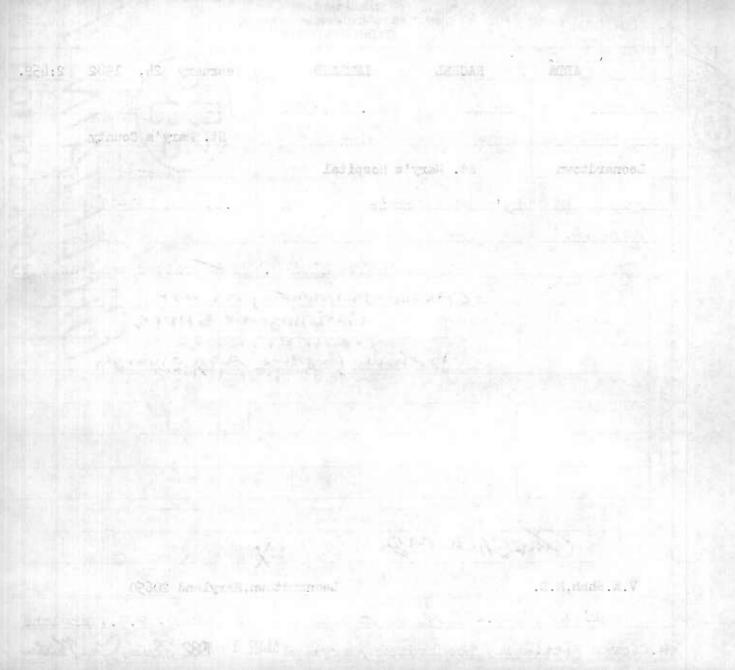
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR						REG. N	10.			
1. DECEASED NAME (TYPE OR PRINT)	FIRST	N	NDDLE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
	DDA	RA	CHEL	L	EELAND	February	24,	1982	2:45P-M	
3. SEX	4_	RACE		5. DATE C		6 AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER I YEAR		
Female		White		NOV.		8.5	YRS	MONTHS DAYS	HOURS MIN.	
JO. BIRTHPLACE ISTATE OR F	OREIGN 7b.	76. CITIZEN OF WHAT COUNTRY?				9 BALTIMORE CITY OR COUNTY OF DEATH				
Maryland					D NEVER MARRIED					
10. CITY OR OWN OF DEATH Leonard town		IISA WIDOWE 111. NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) St. Mary's Hos			Abola	12a USUAL OCCUPAT			MD. OF BUSINESS OR	
					ni+al	TYPE OF WORK FOR MOST				
USUAL RESIDENCE (IF NURS			9_		proar	Home m	aker		Home	
	136 COUNTY	-	13c. CITY OR TOW		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS				
Maryland 14. FATHER'S NAME	St Ma	ry's	Califor	cnia	YES NO Y	IRt.2, Bo	<u>x 10</u>	7-118		
FIRST	MID	DIE	LAST		FIRST	MIDDLE		LA	01	
Theodor			ers		Dora			Rila	У	
160 WAS DECEASED EVER	N U.S. ARME		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS			
No			579 22	1193	D Elva D.	Wellenre	iter	same	as # 13	
18 CAUSE OF DEAT	Enter only	one couse per	line for (a), (b), and	dici.				APPROX		
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1 471.3		DUE TO, OR	AS A CONSEQUE	NCE OF	CARDIOS	nic SH	OCK			
Conditions, if any,		(b)						the starts		
gave rise to imm		DUE TO OF	AS A CONSTOUR	- C	dente at	solomen			A IL III	
	Conditions, if any, which gave rise to immediate cause ios, stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF Purportine Arror analytics (c) DUE TO, OR AS A CONSEQUENCE OF Purportine Arror analytics									
PART 2 OTHER SIGN	IEICANT COL	VIDITIONS CO	The second secon		THE RESIDENCE OF THE PARTY OF T			IVEN IN PART 1		
	III CANT CO	vomons <u>cc</u>	INTRIBUTING TO D	ZEATT	NOT RELATED TO THE VERN	MINAL DISEASE OR CON	DITION G	IVEN IN PART II	G	
190 DATE OF OPERAL	ION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF Y	ES. WERE FIND!	NGS USED	
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	- Longot	11b. TIME OF	A. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18	B PART I OR PART 2)		
(IF EITHER NOTIFY MEDIC		P.A	۸.	19						
OR CONTRIBUTING CO	ED	21e PLACE C			21f LOCATION	CITY OR TO	OWN	COUNTY	STATE	
WHILE NOT WH	LE 🔲	(AT HOME STRE	ET, FACTORY OFFICE FA	ARM ETC)	SINCE	CITOKI	,,,,,	0001411	SIMIC	
220.1 certify that (I)	this hospital)	attended the	deceased from_		. 19	to	-	19	that (I) (we) last	
saw the decease	d alive an		19	, ar	nd that in (my) (aur) apinion					
obove, (I) (we) (d	id) (did not)	iew the body	otter death.		DEGREE			77c DATE	SIGNED	
(Alm	15h	hom	3	ATTENDING 1	MEDICAL STA		111.001	3101420	
22d. PHYSICIAN'S NA	ME LIVE OF PE	~	-		PHYSICIAN 22e ADDRESS	DIRECTOR PHYSI	CIAN			
V.K.Shah						m, Maryland	2065	0		
230 BURIAL, CREMATION,		23b. DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE	
Buria	1.	reb.26	5,1982 (Cedar	Hill	Suitlan	d, P	.G., Ma:	ryland	

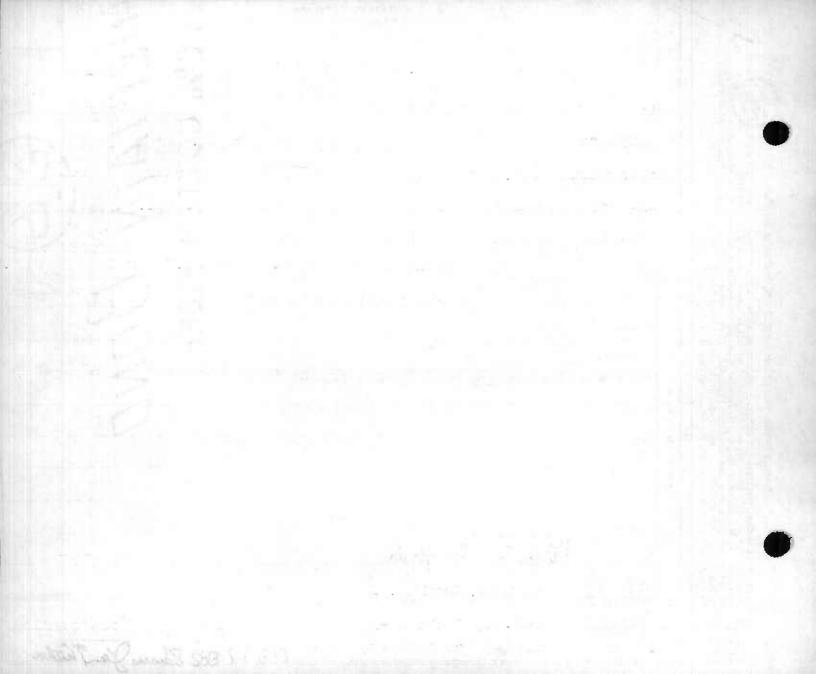
DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

should be detoched for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,



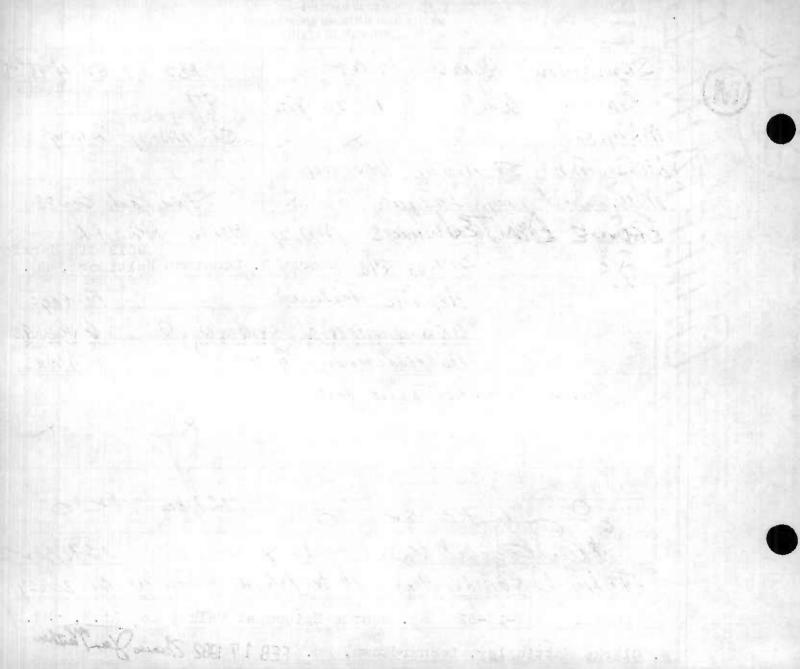
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO MIDDLE KNOWN V DECEASED NAME 2a DATE 7h HOUR (TYPE OR PRINT) OF ESTI-JOSEPH J. ohnson MATTINGLY DEATH MATED 3 SEX 4 RACE 5 DATE OF BIRTH IF UNDER 24 HRS DATE B1 394 YEAR PRONOUNCED HIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5. FOUND OF HEALTHAND AS A BURIAL - TRANSIT PERMIT. PAGES 1. AND 2. SHOULD BE FILED, WITHIN 72. OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W. PRESTON SIRAL, CREMATION, OR REMOVAL. DEAD 46 2-12-88 Oct. male 7ª BIRTHPLACE white 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY USA Maryland
OCITY OR TOWN OF DEATH WIDOWED DIVORCED Mary's County 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126. USUAL OCCUPATION STYPE OF WORK 12b, KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) self Leonardtown Carpenter 's Hospita Mary 113h COUNTY 13a. STATE 13c CITY OF TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS NO T Maryland Clements Gen. Del St Mary's 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST Mattinglev Francis Louise Thompson ADDRESS Mechanicsville 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) Mary L.Barber Rt.3 Box 58 217-36-6623 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost DIVISION OF VITAL RECORDS. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g CERTIFICATION E DEPARTMENT OF HEA 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E CHIEF BE USED YES XX NO [CATE, WRITING THE WO FORWARDED TO THE TOR: PAGE 3 SHOULD BI 21a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PL AT WORK AT WO STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY 22a. I certify that I took charge of the remains described above, held an Inspection Inquiry and in my opinion death resulted fram-Suicide Homicide Undetermined monner TITLE (SPECIFY) 2-13-82 ACTUAL DATE Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME ADDRES 11 Penn Street Korell M.D. (TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) STATE Feb.16,1982St Josephs Burial Morganza, St Mary s. b. By REGISTRAR'S SIGNATURE BP 24 FUNERAL DIRECTOR 25g, DATE REC'D, BY REGISTRAR W.Clarke Mattingley Leonardtown, Maryland **DHMH-17** (VR A15 ME (5)) 15M 2/80



2		FOR STATE			S1 DEPARTMENT C		AARYLAND I AND MENT	AL HYGIEN	€ 2	0	5	1 9	2
	"	REGISTRAR		ME	DICAL EXAM	NER'S	ERTIFICAT	TE OF DEA	TH	REG. NO			
		CEASED NAME	FIRST		WIDDLE		LAST		2a DATE	KNOWN		DAY YEAR	2b. HOUR
% × × × × +;	(IV	E OR PRINT)	Charle	26	1	R:	awlings			MATED	2	1419 8	32 "
PLEASE ECTOR. FILES. HOURS	3. SEX	4. R	ACE 5	DATE OF BIRTH	6 AGE (II	YEARS IF UN		NDER 24 HRS.	2c. DATE		MONTH	DAY YEA	171
RIV, PLEASE DIRECTOR. 172 HOURS		Male	D	MONTH DAY	1952 29	YRS.	S DAYS HOL	URS MIN.	PRONOUN DEAD	CED	2	14 19 8	14 HOUR 5:55
SEA SEA		RTHPLACE (STATE		CITIZEN OF WI		1.	ED NEVER		9. BALTIM	ORE CITY OF		Y OF DEATH	1 ///
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2 9363	10. C	TY OR TOWN OF	DEATH I	I. NAME OF HOS	SPITAL, NURSING HO	ME, OR OTH		1 12a. USU	JAL OCCUP	ATION (TYPE		12b. KIND OF I	
A DE S		eonardtow		St. Ma	ry's Hospi	tal		L	abor	(ING LIFE)		OR INDUS	STRY
D. 21201 IF ANY DE 2, AND 3 RE 3. RETAIN 1 RECORD	113a. S	TATE	[COUNTY		13c. CITY OR TOWN	1	13d INSIDE CITY LIN	MITS? 13e STRE	EET ADDRE	SS			0.511
F ANY AND HOULE	Me	ryland	Calve	rt	Pr. Fred	erick			ural				
MD. MD.	14. F	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S A	MAIDEN NAME	M	DDLE		LAST	
DEATH OF AND A PAND A P	2	Edward	I		Rawlin	gs	Emmal			- 4	Holl		
PAC ORA	16a. V	VAS DECEASED EV	ER IN U.S. ARME		166. SOCIAL SECU	RITY NO.	17 INFORMANT	T		ADDRESS			
BALTIMORE, S AFTER DEA GIVE PAGES TITH FORM P PAGES 1 AN VISION OF		yes					Emmale	ne Holla	and I	Prince	Fred	lerick,	Md
4 ST., 8 HOURS M 18. G WIG WIT RMIT, P L.		18 CAUSE OF DE	ATH (Enter only o	one cause per line	far (a), (b), and (c).)							APPROXIMA BETWEEN ON	SET AND DEATH
N S H H S N S N S N S N S N S N S N S N		PARTIDEATH	WAS CAUSED B		Gunshot wo	ound o	f Abdome	n					
PRESTON THIN 24 F ILL IN ITEA LER ALON ANSIT PER AL HYGIEF REMOVAL		765	1	DUE TO, OR	AS A CONSEQUENCE	EOF							
A A N.S. A	-		f ony, which o immediate	(b)									
OR JEEN W			ing the under-		AS A CONSEQUENC	E OF					9.0		
ZOTE EXA				(c)			7.11	J.C. et		11.0			
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, PAGE 4 SHOULD BE FORWARDED TO THE CHEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE TRAITED FOR THE PROBATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIERE, DIVISION OF DIVISION OF DIVISION OF THE PAGES WARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PART 2 OTNER SIGNIFIC	CANT CONDITIONS CON	TRIBUTING TO DEATH	BUT NOT RELATED TO THE T	ERMINAL OISEASI	OR CONDITION GIVE	N IN PART 1 (a).					
MED WED OF SECOND AND AND AND AND AND AND AND AND AND A	CERTIFICATION												
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SAN STATE OF THE SAN ST	Ž	CONTRIBUTING [CAUSE OF DE		the same of the sa		ubject w	as shot					
TVIS DED DED DEP DEP DEP DEP DEP DEP DEP DEP	MEDICAL	21d. INJURY OCC		21e PLACE (OF INJURY (AT HOME TORY, FARM, ETC.)		CATION TREET		CITY OR TOV		cou	NTY	STATE
D THIS WRI	-		WORK XX	S	treet	R†	5 & 23	6, New M	larket	,St. M	lary's	s Co.,	Md.
ATE, DRW		22s. I certify the	at I took charge o	of the remains des	cribed obave, held or	Autop	sy XX Insp	pection .	Inquiry	Ond	In my opi	nion	
EXAMINER: CERTIFICATI DIRECTOR: WITH THE WARYLAND,		deoth resulted fr	om: Natural	couses	Accident	Suicide	Hamicide	X Undete	ermined mo		7 - 1		
ARY ARY				60 A			TITLE (SPECI	_					
ALE E	1	ACTUAL SIGNATURE	Jerginia	I Stale	2m	M	.D	MEDI	ICAL EXAM	INER	DATE	2-15	5-82
DE A STELL		=W											
TO MEDICAL I EXECUTE THE PAGE 4 SHOL TO FUNERALL AFTER DERAIL BALTIMORE, A		(TYPE OR PRINT)	" Virgii	nia L. D	olan, M.D.		ADDRESS	III Pen	n Str	eet			
524548 _	23a.B	URIAL, CREMATION	N, REMOVAL 236.	DATE	23c. NAME OF	EMETERY O	R CREMATORY	23d. LO	CATION		COUNT	TY	STATE
BP		Burial		b. 19-82	St. Edm	onds C	hr. Cem			ke Bea	ch Ca	lvert,	Md.
DHMH - 17	-	UNERAL DIRECTOR		ADDRESS			25a. [DATE REC'D. BY	REGISTRA		TRAK SI	GNATURE	10
(VR A15 ME (5)) 15M 2/80	Spe	encer E.	Sewell	Box 31,	Prince Fr	ederic	k, Md F	EB 2 2	1407	Just	Qi-		
15M 2/8U													

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STATE OF MARYLAND



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DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR LTYPE OR PRINTE 1982 MARY ACNTES 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY YEAR Female White 28 1890 Sept. BIRTHPLACE I STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED St. Mary's County Md. WIDOWED DIVORCED [ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Mary's Hospital Leonard town Postmistress USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 1136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? St. Mary's Morganza NO X General Delivery 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST lexander Alovsius Angelica Clarke 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT LYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES 216-40-6510 Harry A. Tennison Morganza. Md. 18 CAUSE OF DEATH Enter only one cause per line for (o), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse last H BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO T 71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME STREET FACTORY OFFICE FARM ETC) CITY OF TOWN COUNTY NOI WHILE 22a. I certify that (I) (this haspital) attended the deceased from... the deceased alive on. and that in (my) (our) opinion death accurred on the date and haur and from the couses stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 2-8-82 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Dr. John F. Fenwick, M.D. Leonardtown, Md. 20650 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (SPECIFY) 2-9-1982 Burial St. Joseph's Morganza 24 FUNERAL DIRECTOR Clarke Mattingley Leonardtown, Md.

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BP_____ DHMH - 16 50M 1 (VRA 15, 4)

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	OR PRINT)				24 DAIL OF BLAIN			28 NOU	
3 SEX	× WARRE	N SEBASTIA		MPSON SR.	February	26,	1982	9:5	
	Male	White			84		MONTHS DATS	HOURS	
7a BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	ITRY? 8	30.	9 BALTIMORE CITY C	YRS OR COUNT	Y OF DEATH	1	
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10 C1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	URSING HOME		St. M	ION	125. KIND C		
	Leonardtown	St. Mary's		1	Salesman		LIEE) INDUSTRY	Ins	
JSUA 3a S	AL RESIDENCE (IF NURSING HOME CO	R OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSIONS	113d INSIDE CITY LIMITS?	13e STREET ADDRESS				
	100 000	Mary's Lovev		YES NO K	P.O. Box	70			
14 FA	THER'S NAME	MIDDLE LAS		15. MOTHER'S MAIDEN NA					
Jo	seph Presto			Mary	Olivia		Bowl	es	
160 W	VAS DECEASED EVER IN U.S. A		SECURITY NO.	17 INFORMANT	ADDR	ESS			
(Y	NO OR UNKNOWN) (IE YES, G	220-1	8-9106	Mary E.	Thompson	Sam	ne as #	13	
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PART I. DEATH WAS CAUSED BY									
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STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME LAST 2n DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Feb. 10. 1982 MARY T.TT.T.TAN WOODBURN 2:00A M 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH Female White July 1918 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED MEVER MARRIED .S.A. Md. St. Mary's County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY St. Mary's Hospital Leonardtown 1136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Mary's Leonardtown YES NO X Box 129-C 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Wellington Norris Joseph Lucy Pauline Thompson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS 17 INFORMANT LYES NO OR LINKNOWNI (IF YES, GIVE WAR OR DATES) P18-80-9508 Same Joseph Woodburn as 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO: OF AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIESCANT COND. INTRIBUTING JO DEATH HUDGOT EMATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART THE

NE DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

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WHILE NOT WHILE

230 BURIAL, CREMATION ALMOVAL

22b. SIGNATURE

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

(AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

Jarboe M.D.

21e PLACE OF INJURY

THE CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION STREET

23c NAME OF CEMETERY OR CREMATORY

Our Lady's

COUNTY

YES T

186 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

STATE

and that in (my) (and apinian death accurred an the date and have and from the causes stated 27t DAE

DIRECTOR PHYSICIAN

CITY OF TOWN

16s AUTOPSYT

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NOF

Leonardtown, Md. 20650

ATTENDING & MEDICAL

PHYSICIAN

BP	HU
AH . 16 50M 1/B1	24 FUNERAL DIRECTO

(SPECIFY)

Leonardtown, Md. Clarke Mattingley

220-1 certify that (I) (this become) attended the discussed from

Medlev's Neck

(VRA 15. 4)

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Issigno a'vial it involvance. Dr. J. Patrick Srhoe J. H. Leonardsonn, M. 20650 1482 16 1882 Table 1 1882 Table